



Attorney Docket No. 81800.0169
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent application of:

YOSHITAKI TANIMOTO

Serial No: 10/020,390

Confirmation No: 2154

Filed: October 30, 2001

For: Gateway Device with Private Branch Exchanging
Function

Art Unit: 2624

Examiner: Huntsinger, Peter K.

I hereby certify that this correspondence is
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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
December 5, 2005

Date of Deposit

Juanita Soberanis

Name

Juanita Soberanis 12/05/2005

Signature

Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Amendment.
- ☒ Replacement Sheet (Fig. 7).
- ☒ Annotated Sheet Showing Changes (Fig. 7).
- ☒ Return postcard.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	23	-	20	**	LG=\$50 SM=\$25	\$50	\$ 150
INDEPENDENT CLAIMS FEE	3	-	3	***	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$ 0
Independent Claims: 1, 10 and 16					TOTAL		\$ 150

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$____ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$____ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge \$150 for the additional claims fee to Deposit Account No. 50-1314. The Commissioner is authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
 - ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 - ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: December 5, 2005

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